

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2	/						52		
3	/						53		
4		5					54		
5		2					55		
6		1					56		
7		1					57		
8	/						58		
9	/						59		
10	/						60		
11		0					61		
12		0					62		
13		0					63		
14		0					64		
15		0					65		
16		0					66		
17		0					67		
18		0					68		
19		0					69		
20		0					70		
21		0					71		
22		0					72		
23		0					73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
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31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	25						TOTAL DEP.		
TOTAL CLAIMS	30						TOTAL CLAIMS		